

PATENT APPLICATION SERIAL NO. 10/518024

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

12/22/2004 GFREY1 00000057 10518024

01 FC:1631	300.00 OP
<del>02 FC:1632</del>	<del>500.00 OP</del>
03 FC:1633	200.00 OP

Adjustment date: 06/01/2005 MKAYPAGH  
12/22/2004 GFREY1 00000057 10518024  
02 FC:1632 -500.00 OP

06/01/2005 MKAYPAGH 00000002 10518024

01 FC:1642 400.00 OP

Refund Ref:  
06/01/2005 0030022270

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX1009

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/518024</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">3</td> <td style="width: 20px;">7</td> </tr> </table>			0	7	--	1	3	3	7
0	7	--	1	3	3	7					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 ext 211</u>									
OFFICE: <u>PCT DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*